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CONFIRMATION NO. 1766

SERIAL NUMBER 09/844,145	FILING DATE 04/27/2001  RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. P-9642.00
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/258,556 12/29/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/20/2001

Foreign Priority claimed

☐ yes ☒ no

35 USC 119 (a-d) conditions met

☐ yes ☒ no☐ Met after Allowance

Verified and Acknowledged

Examiner's Signature

Initials

STATE OR

COUNTRY  
MN

SHEETS

DRAWING  
22

TOTAL

CLAIMS  
32

INDEPENDENT

CLAIMS  
4

## ADDRESS

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## TITLE

Chronic pain patient medical resources forecaster

FILING FEE  RECEIVED 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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